



You are receiving Dependency and Indemnity Compensation (DIC) as the surviving spouse of a veteran who died in service or from service-connected conditions. Generally, a surviving spouse's entitlement to DIC ends with remarriage. If a surviving spouse remarries, entitlement may continue provided the marriage began after age 57 or has been terminated. You are responsible for reporting any change in your marital status.

We need to verify your marital status. Please answer the questions below.

If you do not return this letter with your answers to VA within 60 days of the date shown above, we may propose to terminate your DIC benefits. After answering the questions below, please return this letter in the enclosed envelope. Be sure to place it in the envelope so that the return address of the regional office shows through the envelope window.

You have the right at any time to submit additional information or to have a personal hearing to explain or clarify your statements. You also have the right to be represented at the hearing by a representative of your choice.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

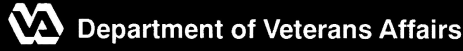
If you:	Here is what to do:
Telephone	Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
Use the Internet	Send electronic federal inquiries through the Internet at https://iris.va.gov .
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter.

Sincerely yours,

Regional Office Director

Enclosure

(See Reverse)



MARITAL STATUS QUESTIONNAIRE

PRIVACY ACT INFORMATION: Payment of survivor's benefits cannot be made unless the information requested is furnished as required by existing law (38 U.S.C. 101(3)). The responses you submit are considered confidential, (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the system of records, 58VA21/22/28, VA Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the [Federal Register](#). The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your continued eligibility for DIC benefits. Title 38, U.S.C., allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-877-294-6380 to get information on where to send comments or suggestions.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

1A. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," please provide the date in Item 1B, the name of your spouse in Item 1C, and your spouse's date of birth in Item 1D)		1B. DATE OF MARRIAGE
1C. NAME OF SPOUSE		1D. SPOUSE DATE OF BIRTH
1E. IS YOUR SPOUSE A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	1F. IF "YES," PROVIDE YOU NEW SPOUSE'S VA FILE NUMBER OR SOCIAL SECURITY NUMBER	1G. WHAT WAS YOUR AGE AT THE TIME OF YOUR MARRIAGE?
2A. HAS YOUR REMARRIAGE BEEN TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," please provide the date in Item 2B and the reason for termination (i.e., death, divorce) in Item 2C)		
2B. DATE OF TERMINATION	2C. REASON FOR TERMINATION	
3A. DAYTIME TELEPHONE (Include Area Code)	3B. EVENING TELEPHONE NUMBER (Include Area Code)	
4. E-MAIL ADDRESS		
5A. SIGNATURE		5B. DATE SIGNED